|               |  |   |                         |   |                  |                  |                |                    |                        | Application or Docket Number |                     |                        |  |  |
|---------------|--|---|-------------------------|---|------------------|------------------|----------------|--------------------|------------------------|------------------------------|---------------------|------------------------|--|--|
|               | PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003   |   |                         |   |                  |                  |                |                    | IO/ 684, 431           |                              |                     |                        |  |  |
|               | CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN   |   |                         |   |                  |                  |                |                    |                        |                              |                     |                        |  |  |
| Ir            | TOTAL CLAIMS (Cotumn 1) (Cotumn 2)   |   |                         |   |                  |                  |                | TYPE               | <u> </u>               | °                            |                     | L ENTITY               |  |  |
| lt            | FOR  |   | MIDE                    | NUMBER FILED                            |                  | NUMBER EXTRA     |                | BASIC              |                        |                              | RATE                |                        |  |  |
| I             | TOTAL CHARG  | EABLE CLAIMS                              | 121                     | 3 minus 20=                             |                  | • 14             |                |                    | 7-                     | <b>~</b>  0                  | BASIC FE            | E 770.00               |  |  |
|               | NDEPENDENT   | CLAIMS                                    |                         | 7 minus 3 •                             |                  | #                |                | X\$ 9              | <u>'</u>               | o                            | R X\$18=            | 198                    |  |  |
| i             | ALLTIPLE DEP   | ENDENT CLAIM                              |                         | 114143 3 6                              | L                |                  | $\mathbf{H}$   | X43:               | 4_                     | 0                            | X86=                |                        |  |  |
| 1             | With differen  |   |                         |   |                  |                  | J              | +145               | .                      | 01                           | +290=               |                        |  |  |
| ľ             | • If the difference in column 1 is less than zero, enter "0" in column 2   |   |                         |   |                  |                  |                |                    |                        |                              | TOTAL               | 968                    |  |  |
| 4             | 0/20/24  | <u> </u>                                  | SMAL                    | L ENTITY                                | —<br>/ · ОЯ      |                  | THAN<br>ENTITY |                    |                        |                              |                     |                        |  |  |
| AMENDMENTA    |  | CLASMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGHE<br>NUMB<br>PREVIO<br>PAID F       | ER<br>USLY<br>OR | PRESENT<br>EXTRA |                | RATE               | ADDI<br>TIONA<br>FEE   |                              | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|               | Total  | 1.33                                      | Minus                   | - 31                                    |                  | . 2              |                | X\$ 9-             |                        | OR                           | X\$18=              | 36.°°                  |  |  |
| 3             | Independent<br>FIRST PRES  | ENTATION OF                               | Minus<br>41 H TIDE E OF | ••• 3                                   | C4 A23A          | <u> </u>         |                | X43=               |                        | OR                           | X                   | 88°°                   |  |  |
| -             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                         |   |                  |                  |                |                    |                        | OR                           | +290=               | -                      |  |  |
|               | (tec faid)   |   |                         |   |                  |                  |                |                    | -                      | OR                           |                     | Softon                 |  |  |
| _             |  | (Column 1).                               |                         | ADDIT. FEE                              | <u> </u>         |                  | ADOIT. FEE     | 187                |                        |                              |                     |                        |  |  |
| AMENDINENT B  | 3/30/05  | CLAIMS<br>REMARKING<br>AFTER<br>AMENDMENT |                         | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO    | IR<br>ISLY       | PRESENT<br>EXTRA |                | RATE               | ADDI-<br>TIONAL<br>FEE | ]                            | RATE                | ADDI-<br>TIONAL        |  |  |
| 2             | Total AD   | · 40                                      | Minus                   | -3                                      | <u> </u>         | • <i>7</i>       |                | X\$ 9=             |                        | OR                           | XSAGE               | FEE Y                  |  |  |
| ₹             | Independent  | entation of M                             | Minus                   | <u> </u>                                |                  | • 2              |                | X43-               |                        | ОЯ                           | <b>200</b>          | 1000                   |  |  |
| _             | ,  | SALAHON OF M                              | OLTIPLE DE              | PENDENT                                 | CAIM             |                  |                | +145=              |                        | OR                           | +290=               | 0000                   |  |  |
|               |  |   |                         |   |                  |                  | •              | TOTAL<br>VOOIL FEE |                        | OR                           | TOTAL<br>VOCIT, FEE |                        |  |  |
|               |  | (Cokimn 1)                                |                         | (Column                                 |                  | Column 3)        | _              |                    |                        |                              | OUT. FEEL           |                        |  |  |
| <b>LENT C</b> |  | REMAINING<br>APTER<br>AMENDMENT           |                         | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO | A<br>RY          | PRESENT<br>EXTRA |                | PATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE                | ADDI-<br>TIONAL        |  |  |
| AMENDIAE      | Total  | · 50                                      | Minus                   | -4D                                     |                  |                  | l              | 25                 | FEE                    |                              | ache.               | FEE                    |  |  |
| 3             | independent  | •   | Minus                   | <b></b> 0                               |                  | •                | ŀ              |                    |                        | OR                           | - William           |                        |  |  |
| لــُـا        | FIRST PRESE  | ·  -                                      | +145=                   |   | OR               |                  |                |                    |                        |                              |                     |                        |  |  |
| • #           | * If the may in column 1 is less than the empy in column 2, write "O" in column 3.  "If the Trightest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." |   |                         |   |                  |                  |                |                    |                        | ОЯ                           | +290a               |                        |  |  |
|               | the Tripless Rus   | iber Previously Pa<br>iber Previously Pa  | M For IN THE            | SPACE IN IE                             | s than a         | 10' euta. 50'.   | A              | TOTAL<br>DOT. FEE  |                        | OR A                         | TOTAL<br>DOTE FEEL  |                        |  |  |
|               |  | OCI PTOMOUSY PAR                          | FOT (Total or           | Independent                             | is the M         | ghest number     | loun           | d in the app       | ropriate box           | t in colu                    | mo 1.               |                        |  |  |
| ЖМ            | PTO-675 (Rest 10)  | <b>133</b> 1                              |                         |   |                  | <del></del>      | nier.          | and Traders        | Di Cilice, U.          | E DEAL                       | TIMENTOF O          | OMVEROS                |  |  |